

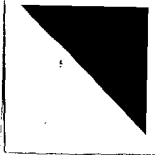
SERIAL NO. 09/468002	FILING DATE
APPLICANT(S)	

MS

Filed  
\* 5/27/97

[illegible]

	IND.	DEP.	IND.	DEP.	IND.	DEP.
66						
67						
68						
69						
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71						
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73						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						



MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09/468102</i>	FILING DATE						
APPLICANT(S)													
3129/08 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
<del>1</del>							51						
<del>2</del>							52						
<del>3</del>							53						
<del>4</del>							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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13							63						
14							64						
15							65						
16							66						
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18							68						
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34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			7		7		TOTAL IND.						
TOTAL DEP.			58		40		TOTAL DEP.						
TOTAL CLAIMS			65		47		TOTAL CLAIMS						